SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	edule(s) of the	FOR LINE NUMBER: PAGE 36 OF 47 (check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Crawford for Congress			
Full Name (Last, First, Middle Initial) A. JOHNNYS HALF SHELL			Date of Disbursement
Mailing Address 400 NORTH CAPITOL ST NW			01 31 2015
City State Zip Code WASHINGTON DC 20001			Amount of Each Disbursement this Period
Purpose of Disbursement EVENT FOOD / BEVERAGE		390.00	
Candidate Name		Category/ Type	Transaction ID : SB17.I1388 [MEMO ITEM]
Office Sought: House Senate President State: Disbursement I Prima Other			
Full Name (Last, First, Middle Initial) WINFREY & COMPANY Mailing Address 228 S WASHINGTON STREET			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUITE B-20 City State Zip Code			Amount of Each Disbursement this Period
ALEXANDRIA VA 22314 Purpose of Disbursement FUNDRAISING CONSULTING			2000.00 Transaction ID : SB17.I1386
Candidate Name		Category/ Type	[MEMO ITEM]
	-		
State: District: Full Name (Last, First, Middle Initial)			
C. WINFREY & COMPANY			Date of Disbursement
Mailing Address 228 S WASHINGTON STREET SUITE B-20			01 31 2015
City State Zip Code ALEXANDRIA VA 22314			Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL/PARKING			5.00
Typ		Category/ Type	Transaction ID : SB17.I1390 [MEMO ITEM]
Office Sought: House Senate President Disbursement I Prima Other			
State: District:			
			0.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....